STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for a full recertification and state licensure survey. This visit included the investigation of complaint #IN00256623. This visit was in conjunction with the post certification revisit (PCR) to the investigation of complaints #IN00249030 and #IN00250085 completed on 1/24/18. Complaint #IN00256623: Substantiated, Federal and State deficiencies related to the allegation are cited at W154, W191, W240, and W249. Survey Dates: March 20, 21, 22, and 23, 2018. Facility Number: 000849 Provider Number: 15G331 AIM Number: 100243820 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 and #28194 on 4/4/18.	W 0000		
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on observation, record review, and interview for 1 of 4 allegations of abuse, neglect, and/or injury of unknown source reviewed, the facility failed to conduct a thorough investigation in regards to an incident of elopement of client A. Findings include: The facility's Bureau of Developmental Disabilities	W 0154	**W154-** To correct the deficiency now and for the future of all potential participants of alleged incidents of abuse, neglect, mistreatment, unknown injury and incidents with potential harm such as elopement will continue to be reported per guidelines of BQIS Incident	04/20/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Services (BDDS) reportables and investigations were reviewed on 3/20/18 at 3:02 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 3/12/18 indicated, "On the night of 3/11/18, [client A] went to her bedroom without incident. After a few minutes, she went into the garage to sit. Staff checked on her and she stated that she wanted to be left alone and not talk to anyone. She came back into the house and asked to be alone in the backyard. Staff performed visual checks often. When staff performed another visual check, they realized that [client A] was not in the backyard. Two staff went to look for [client A] and she was out of staff's sight for approximately 15 minutes. Staff found her down the road behind a parked car. The neighbors called 911 as [client A] was complaining of right hand pain. Paladin staff transported [client A] to the ER (Emergency Room) where she was treated and discharged. She was diagnosed with a sprained wrist and instructed to wear a PRN (as needed) brace for comfort. Plan to Resolve (Immediate and Long Term): Staff will keep [client A] in their site (sic) at all times when [client A] is in the backyard. Staff will continue to follow her elopement plan in the event that [client A] should elope again." Review of the BDDS reportable and email statement indicated the facility did not have an investigative report with findings of the investigation and conclusions and/or recommendations. Review of documentation for the 3/11/18 indicated there was no documentation of the following: -Which staff were working at the time of the		Reporting; as well as thoroughly investigated in a timely manner. Paladin Procedure has been updated **(#500.05 & #500.06- SEE ATTACHED**) to include the initial steps to start the investigation and who is to be involved and the use of the new investigation packet. Care Coordinators will continuously follow up with all questions regarding the incident and gather the information first. All incidents will be reported by staff immediately to the Care Coordinators/Program Managers, which they will then immediately initiate the investigation procedure and gather the investigation team, comprised of the Care Coordinator, Program Manager, Director and Corporate Compliance Officer that would use the new investigation packet/report (**SEE ATTACHED***)* to complete the timely, thorough and consistent investigation. Care Coordinator will collect all initial facts, documents and staff statements to bring to the team. All information will then be reviewed and investigated until the team feels that they have completed a comprehensive and detailed investigation. Then after the investigation, the HR manger will assist in the findings to determine action that needs to take place such as training, disciplinary or termination. Each incident will be reviewed by	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	incident and their training status on client A's plans -Statements and/or interview from staff that were working at the time of the incident -Statements and/or interview from client A and/or clients B, C, D, and E -Indication of how often the visual checks were conducted, as indicated in the reportable -Indication of how long client A was out of staff's sight -Investigation to determine how client A may have sprained her wrist -To determine if client A's Behavior Support Plan (BSP) was implemented as written and/or if staff were in need of retraining -To determine if client A's BSP required any revision. Care Coordinator (CC) #1 was interviewed on 3/21/18 at 2:37 PM. Interview with CC #1 indicated the following (not all inclusive): -When asked what incidents should be investigated, CC #1 stated, "Anything that needs more knowledge." -When asked if an investigation had taken place in regard to the 3/11/18 incident, CC #1 indicated he was not sure. -When asked what happened on 3/11/18, CC #1 stated, "I was on vacation. She (client A) was agitated. Sometimes she will walk outside. She wants to be left alone. Staff need to keep her in eye sight and be there. She was out front then out back (in the backyard). Staff couldn't find her and followed her route she normally takes. Sometimes she will run into items like parked cars or grab trees. Maybe it's for extra attention. I believe a neighbor called 911. Staff found her 10-15 minutes later. Staff was there and tried to explain to people. She went to the ER."		the IR committee monthly to ensure that all investigations were completed and thorough. The IR committee includes Care Coordinators, Compliance coordinator and Program Manager/Director. The Safety Committee will then review quarterly and take any recommendations from the IR committee. They may then determine if any further changes/updates may need to take place. If so, the Corporate Compliance Officer would update the procedure and/or Investigation packet/report. As well, our new internal incident reports through our documentation/tracking system(Provide/Accel Trax) will be ready to use to contact responsible parties through email with detailed information needed for the investigation. Elopement will be an option to select and further give details on the incident. This will increase timeliness to start investigation and limit any loss of paperwork to get to the office/team members. Which is the situation that happened in this case. Statements/documentations were lost and found days later. This should be ready by 5/1/18.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	-When asked how client A's BSP addressed elopement, CC #1 stated, "It's a target behavior. Definitely be aware of it. It increased in the last year. They need to be there and be aware of her whereabouts. We want to give her space and want to be respectful when she says leave me alone. (Staff) need to be there. When she does take off, staff are to follow her and use calming techniques. They can call me, her mom, or [name of other group home in the area]. She will usually come back within 10-15 minutes. Usually trying to get away from staff. Just for safety, stay with her." -When asked how client A should be supervised in the home, CC #1 stated, "In the home, know where she is. She has boundaries in the home and outside. They have to know her whereabouts." -When asked how client A should be supervised if she is in the backyard, CC #1 stated, "She should be supervised with staff. They should be out there with her. The plan states (staff) should be out there. If she can be watched through the door, you'd need to be right there watching. They need to know her whereabouts, plain and simple. Have eyes on her and be there with her." -When asked what staff should do if they cannot find client A, CC #1 stated, "They should check her route, check the house, garage, check the community, as well as contacting the person on call. If we can't see her, not sure if we have a time frame of when to call the police or what to do." -When asked if client A's BSP indicated what staff should do in the event staff cannot find client A, CC #1 indicated it did not. CC #1 stated, "We had elopement plans in place (in the past), but she had gotten better and it was charged. It was just put back into the plan. It is not in there. It should be added in there and how to handle the situation. It's probably in an old one." -When asked if staff supervised client A according to her plan, CC #1 stated, "No. Should			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	have had continuous eye sight." -When asked how often visual checks were as documented in the reportable, CC #1 stated, "If it didn't state, I don't know. I don't know if they have any more documentation. I would have to ask [Residential Director (RD) #1]. We should definitely have the staff point of view/documentation. Their statement, to make sure they matched, make sure that they were following the plan accordingly." At the time of exit, no additional information was provided to the survey. This federal tag relates to complaint #IN00256623. 9-3-2(a)			
W 0191 Bldg. 00	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure staff were trained to competency to effectively implement client A's behavior support plan (BSP). Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 3/20/18 at 3:02 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 3/12/18 indicated, "On the night of 3/11/18, [client A] went to her bedroom	W 0191	**W191-** To correct this deficiency now and in the future for those affected Paladin has retrained staff on the updated BSP- Target behavior of elopement for the individual affected. Staff were trained on this at an all staff meeting 4/12/18**. (SEE BSP-UPDATED is in red)** The elopement guidelines will now indicate what staff should do if individual has eloped, out of safe boundaries and not in eyesight. Care Coordinator will train all new hires on risk plans/BSP prior to working with individuals and have some	04/20/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	without incident. After a few minutes, she went into the garage to sit. Staff checked on her and she stated that she wanted to be left alone and not talk to anyone. She came back into the house and asked to be alone in the backyard. Staff performed visual checks often. When staff performed another visual check, they realized that [client A] was not in the backyard. Two staff went to look for [client A] and she was out of staff's sight for approximately 15 minutes. Staff found her down the road behind a parked car. The neighbors called 911 as [client A] was complaining of right hand pain. Paladin staff transported [client A] to the ER (Emergency Room) where she was treated and discharged. She was diagnosed with a sprained wrist and instructed to wear a PRN (as needed) brace for comfort. Plan to Resolve (Immediate and Long Term): Staff will keep [client A] in their site (sic) at all times when [client A] is in the backyard. Staff will continue to follow her elopement plan in the event that [client A] should elope again." Client A's record was reviewed on 3/21/18 at 10:44 AM. Client A's 10/25/17 Individual Support Plan (ISP) and/or record indicated client A's diagnoses included, but were not limited to, Mild Intellectual Disability, Impulse Control Disorder, Epilepsy, and Psychogenic Seizures. Client A's 11/17 Behavior Support Plan (BSP) indicated client A's targeted behaviors included verbal aggression, physical aggression, and elopement. Client A's BSP defined elopement as "leaving the safe boundaries specified unannounced and unsupervised." Client A's BSP indicated the following (not all inclusive) in regard to elopement:		shadowing time with individuals trained on. BSPs/Risk Plans all also located at the home with the documenting system(Accel Trax) all staff have been trained on where they are located. BSPs are also in homes as a hard copy in the (back-up book) if internet is out. Care Coordinator will update at least annually at the ACC but as needed per behavior needs change. Staff and team will be trained at ACC as well as periodically at all staff meetings monthly for continuous knowledge and care. Mock surveys will be used during IDT weekly visits/observations to ensure competency and knowledge of plans. IDT members may ask/quiz staff- Who has BSPs? Where located? OR specifics of individuals target behaviors?. These will be reviewed at IDT monthly meetings and then shared at staff monthly meetings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	-"1. [Client A] has increased this behavior over the last year with attempting to elope or successful eloping... -4. If [client A] is upset and wants to go outside. Do not argue it or bring lots of attention to that. Redirect to a better choice - a quiet/spare room, bedroom; go downstairs with her, staff/supervisor office. Inform other staff/supervisor. If still insisting let her to go but we must go out with her or have eyes on her for safety. She must be in eyesight at all times. Always communicate with other staff/supervisor to be ready to act if need be... -5. If [client A] leaves supervised boundaries, staff will calmly, ask her 'What you doing?'/'Where you going?' (sic) ask if she wants to talk and to remember to express her feelings as an adult. Just find out what the situation is. She may want to talk and she may not. Respect those wishes. Staff would need to be with her if leaving the boundaries... -6. If bystanders interfere, do not give personal information out. Remember HIPAA (Health insurance portability and accountability act). Ignore bystanders and let them know you work with her and have it under control and attempt to leave area. If they will not move or interfere with your assistance to [client A], call 911... -Safe Boundaries Group Home: The backyard, the fence line as if it would extend around the property and the front yard sidewalk are the boundaries as well as close to the street, staff should be close/next to her to be able to react." Care Coordinator (CC) #1 was interviewed on 3/21/18 at 2:37 PM. Interview with CC #1 indicated the following (not all inclusive): -When asked if an investigation had taken place in regard to the 3/11/18 incident, CC #1 indicated			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	he was not sure. -When asked what happened on 3/11/18, CC #1 stated, "I was on vacation. She (client A) was agitated. Sometimes she will walk outside. She wants to be left alone. Staff need to keep her in eye sight and be there. She was out front then out back (in the backyard). Staff couldn't find her and followed her route she normally takes. Sometimes she will run into items like parked cars or grab trees. Maybe it's for extra attention. I believe a neighbor called 911. Staff found her 10-15 minutes later. Staff was there and tried to explain to people. She went to the ER." -When asked how client A's BSP addressed elopement, CC #1 stated, "It's a target behavior. Definitely be aware of it. It increased in the last year. They need to be there and be aware of her whereabouts. We want to give her space and want to be respectful when she says leave me alone. (Staff) need to be there. When she does take off, staff are to follow her and use calming techniques. They can call me, her mom, or [name of other group home in the area]. She will usually come back within 10-15 minutes. Usually trying to get away from staff. Just for safety, stay with her." -When asked how client A should be supervised in the home, CC #1 stated, "In the home, know where she is. She has boundaries in the home and outside. They have to know her whereabouts." -When asked how client A should be supervised if she is in the backyard, CC #1 stated, "She should be supervised with staff. They should be out there with her. The plan states (staff) should be out there. If she can be watched through the door, you'd need to be right there watching. They need to know her whereabouts, plain and simple. Have eyes on her and be there with her." -When asked what staff should do if they cannot find client A, CC #1 stated, "They should check her route, check the house, garage, check the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	community, as well as contacting the person on call. If we can't see her, not sure if we have a time frame of when to call the police or what to do." -When asked if client A's BSP indicated what staff should do in the event staff cannot find client A, CC #1 indicated it did not. CC #1 stated, "We had elopement plans in place (in the past), but she had gotten better and it was charged. It was just put back into the plan. It is not in there. It should be added in there and how to handle the situation. It's probably in an old one." -When asked if staff supervised client A according to her plan, CC #1 stated, "No. Should have had continuous eye sight." -When asked how often visual checks were as documented in the reportable, CC #1 stated, "If it didn't state, I don't know. I don't know if they have any more documentation. I would have to ask [Residential Director (RD) #1]. We should definitely have the staff point of view/documentation. Their statement, to make sure they matched, make sure that they were following the plan accordingly." This federal tag relates to complaint #IN00256623. 9-3-3(a)			
W 0240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 3 sampled clients (A), the client's Individual Program Plan (IPP) and/or Behavior Support Plan (BSP) failed to indicate what facility staff should do when client A eloped and staff were unable to locate her.	W 0240	**W240-** To correct this deficiency now and in the future for those affected or could have been affected, Paladin has updated/revised the individuals BSP- with the target behavior of elopement. The individuals BSP	04/20/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Findings include: The facility's Bureau of Developmental Disabilities Services (BDDS) reportables and investigations were reviewed on 3/20/18 at 3:02 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 3/12/18 indicated, "On the night of 3/11/18, [client A] went to her bedroom without incident. After a few minutes, she went into the garage to sit. Staff checked on her and she stated that she wanted to be left alone and not talk to anyone. She came back into the house and asked to be alone in the backyard. Staff performed visual checks often. When staff performed another visual check, they realized that [client A] was not in the backyard. Two staff went to look for [client A] and she was out of staff's sight for approximately 15 minutes. Staff found her down the road behind a parked car. The neighbors called 911 as [client A] was complaining of right hand pain. Paladin staff transported [client A] to the ER (Emergency Room) where she was treated and discharged. She was diagnosed with a sprained wrist and instructed to wear a PRN (as needed) brace for comfort. Plan to Resolve (Immediate and Long Term): Staff will keep [client A] in their site (sic) at all times when [client A] is in the backyard. Staff will continue to follow her elopement plan in the event that [client A] should elope again." Client A's record was reviewed on 3/21/18 at 10:44 AM. Client A's 10/25/17 Individual Support Plan (ISP) and/or record indicated client A's diagnoses included, but were not limited to, Mild Intellectual		has been updated and train to staff on 4/12/18. It not only indicates what to do if she does leave but if she has left and out of eyesight. **(SEE BSP)** Staff have several options to work with her if they know her whereabouts and now how to handle the situation if she is out of sight and whereabouts are unknown. Staff will utilize and follow BSP to have members of IDT assist as well as other group homes nearby. Other individuals that could have been affected by this behavior, their BSPs have been revised if elopement was a target behavior. These were trained to staff at all staff meeting and available to review on the Accel Trax and back-up book. Care Coordinator will be sure to update at least annually and as needed due to change /behavior status. IDT will review behaviors at monthly meetings and Care Coordinator reviews data monthly to report progress during Psych appointments for any possible adjustments. DSMs will ensure that staff have access and BSPs are available to staff as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Disability, Impulse Control Disorder, Epilepsy, and Psychogenic Seizures. Client A's 11/17 Behavior Support Plan (BSP) indicated client A's targeted behaviors included verbal aggression, physical aggression, and elopement. Client A's BSP defined elopement as "leaving the safe boundaries specified unannounced and unsupervised." Client A's BSP indicated the following (not all inclusive) in regard to elopement: -"1. [Client A] has increased this behavior over the last year with attempting to elope or successful eloping... -4. If [client A] is upset and wants to go outside. Do not argue it or bring lots of attention to that. Redirect to a better choice - a quiet/spare room, bedroom; go downstairs with her, staff/supervisor office. Inform other staff/supervisor. If still insisting let her to go but we must go out with her or have eyes on her for safety. She must be in eyesight at all times. Always communicate with other staff/supervisor to be ready to act if need be... -5. If [client A] leaves supervised boundaries, staff will calmly, ask her 'What you doing?'/'Where you going?' (sic) ask if she wants to talk and to remember to express her feelings as an adult. Just find out what the situation is. She may want to talk and she may not. Respect those wishes. Staff would need to be with her if leaving the boundaries... -6. If bystanders interfere, do not give personal information out. Remember HIPAA (health insurance portability and accountability act). Ignore bystanders and let them know you work with her and have it under control and attempt to leave area. If they will not move or interfere with your assistance to [client A], call 911... -Safe Boundaries Group Home: The backyard, the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	fence line as if it would extend around the property and the front yard sidewalk are the boundaries as well as close to the street, staff should be close/next to her to be able to react." Review of client A's BSP indicated there was no documentation in regard to what facility staff should do when client A eloped and staff were unable to locate her. Care Coordinator (CC) #1 was interviewed on 3/21/18 at 2:37 PM. Interview with CC #1 indicated the following (not all inclusive): -When asked how client A's BSP addressed elopement, CC #1 stated, "It's a target behavior. Definitely be aware of it. It increased in the last year. They need to be there and be aware of her whereabouts. We want to give her space and want to be respectful when she says leave me alone. (Staff) need to be there. When she does take off, staff are to follow her and use calming techniques. They can call me, her mom, or [name of other group home in the area]. She will usually come back within 10-15 minutes. Usually trying to get away from staff. Just for safety, stay with her." -When asked how client A should be supervised in the home, CC #1 stated, "In the home, know where she is. She has boundaries in the home and outside. They have to know her whereabouts." -When asked how client A should be supervised if she is in the backyard, CC #1 stated, "She should be supervised with staff. They should be out there with her. The plan states (staff) should be out there. If she can be watched through the door, you'd need to be right there watching. They need to know her whereabouts, plain and simple. Have eyes on her and be there with her." -When asked what staff should do if they cannot find client A, CC #1 stated, "They should check			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	her route, check the house, garage, check the community, as well as contacting the person on call. If we can't see her, not sure if we have a time frame of when to call the police or what to do." -When asked if client A's BSP indicated what staff should do in the event staff cannot find client A, CC #1 indicated it did not. CC #1 stated, "We had elopement plans in place (in the past), but she had gotten better and it was charged. It was just put back into the plan. It is not in there. It should be added in there and how to handle the situation. It's probably in an old one." -When asked if staff supervised client A according to her plan, CC #1 stated, "No. Should have had continuous eye sight." This federal tag relates to complaint #IN00256623. 9-3-4(a)			
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's Behavior Support Plan (BSP) and/or protocols were implemented as written to ensure the safety of client A. Findings include: The facility's Bureau of Developmental Disabilities	W 0249	**W249-** To correct this deficiency now and in the future, for those affected or could possibly have been affected, Paladin has trained on and reviewed the BSP for the client affected that successfully eloped from eyesight. Her plan was updated and trained to staff by the Care Coordinator on 4/12/18. Staff	04/20/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Services (BDDS) reportables and investigations were reviewed on 3/20/18 at 3:02 PM. Review of the facility's BDDS reportables indicated the following (not all inclusive): -BDDS reportable dated 3/12/18 indicated, "On the night of 3/11/18, [client A] went to her bedroom without incident. After a few minutes, she went into the garage to sit. Staff checked on her and she stated that she wanted to be left alone and not talk to anyone. She came back into the house and asked to be alone in the backyard. Staff performed visual checks often. When staff performed another visual check, they realized that [client A] was not in the backyard. Two staff went to look for [client A] and she was out of staff's sight for approximately 15 minutes. Staff found her down the road behind a parked car. The neighbors called 911 as [client A] was complaining of right hand pain. Paladin staff transported [client A] to the ER (Emergency Room) where she was treated and discharged. She was diagnosed with a sprained wrist and instructed to wear a PRN (as needed) brace for comfort. Plan to Resolve (Immediate and Long Term): Staff will keep [client A] in their site (sic) at all times when [client A] is in the backyard. Staff will continue to follow her elopement plan in the event that [client A] should elope again." Client A's record was reviewed on 3/21/18 at 10:44 AM. Client A's 10/25/17 Individual Support Plan (ISP) and/or record indicated client A's diagnoses included, but were not limited to, Mild Intellectual Disability, Impulse Control Disorder, Epilepsy, and Psychogenic Seizures. Client A's 11/17 Behavior Support Plan (BSP) indicated client A's		will be responsible to follow all approved BSP/risk plans to ensure safety of all individuals all the time. Care Coordinator will be responsible to update changes to plans as needed but at least annually. After any changes, Care Coordinator will have all staff trained and able to show competency of the plan by either quizzes, pop in/weekly visits with Q's/A's from a mock survey as well as weekly observations from IDT throughout all programs such as Program Manager, nurses and DSMs. IDT reviewed other individual's plans and BSPs for other target behaviors of elopement. At this time, no other individuals have a target behavior of elopement. In future, staff will be sure to have been trained on new individual's plans of elopement. It will indicate how to handle the situation if individual is in eyesight or out of eyesight.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	targeted behaviors included verbal aggression, physical aggression, and elopement. Client A's BSP defined elopement as "leaving the safe boundaries specified unannounced and unsupervised." Client A's BSP indicated the following (not all inclusive) in regard to elopement: -"1. [Client A] has increased this behavior over the last year with attempting to elope or successful eloping... -4. If [client A] is upset and wants to go outside. Do not argue it or bring lots of attention to that. Redirect to a better choice - a quiet/spare room, bedroom; go downstairs with her, staff/supervisor office. Inform other staff/supervisor. If still insisting let her to go but we must go out with her or have eyes on her for safety. She must be in eyesight at all times. Always communicate with other staff/supervisor to be ready to act if need be... -5. If [client A] leaves supervised boundaries, staff will calmly, ask her 'What you doing?'/'Where you going?' (sic) ask if she wants to talk and to remember to express her feelings as an adult. Just find out what the situation is. She may want to talk and she may not. Respect those wishes. Staff would need to be with her if leaving the boundaries... -6. If bystanders interfere, do not give personal information out. Remember HIPAA (health insurance portability and affordability act). Ignore bystanders and let them know you work with her and have it under control and attempt to leave area. If they will not move or interfere with your assistance to [client A], call 911... -Safe Boundaries Group Home: The backyard, the fence line as if it would extend around the property and the front yard sidewalk are the boundaries as well as close to the street, staff			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	should be close/next to her to be able to react." Care Coordinator (CC) #1 was interviewed on 3/21/18 at 2:37 PM. Interview with CC #1 indicated the following (not all inclusive): -When asked what happened on 3/11/18, CC #1 stated, "I was on vacation. She (client A) was agitated. Sometimes she will walk outside. She wants to be left alone. Staff need to keep her in eye sight and be there. She was out front then out back (in the backyard). Staff couldn't find her and followed her route she normally takes. Sometimes she will run into items like parked cars or grab trees. Maybe it's for extra attention. I believe a neighbor called 911. Staff found her 10-15 minutes later. Staff was there and tried to explain to people. She went to the ER." -When asked how client A's BSP addressed elopement, CC #1 stated, "It's a target behavior. Definitely be aware of it. It increased in the last year. They need to be there and be aware of her whereabouts. We want to give her space and want to be respectful when she says leave me alone. (Staff) need to be there. When she does take off, staff are to follow her and use calming techniques. They can call me, her mom, or [name of other group home in the area]. She will usually come back within 10-15 minutes. Usually trying to get away from staff. Just for safety, stay with her." -When asked how client A should be supervised in the home, CC #1 stated, "In the home, know where she is. She has boundaries in the home and outside. They have to know her whereabouts." -When asked how client A should be supervised if she is in the backyard, CC #1 stated, "She should be supervised with staff. They should be out there with her. The plan states (staff) should be out there. If she can be watched through the door, you'd need to be right there watching. They			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	need to know her whereabouts, plain and simple. Have eyes on her and be there with her." -When asked what staff should do if they cannot find client A, CC #1 stated, "They should check her route, check the house, garage, check the community, as well as contacting the person on call. If we can't see her, not sure if we have a time frame of when to call the police or what to do." -When asked if client A's BSP indicated what staff should do in the event staff cannot find client A, CC #1 indicated it did not. CC #1 stated, "We had elopement plans in place (in the past), but she had gotten better and it was charged. It was just put back into the plan. It is not in there. It should be added in there and how to handle the situation. It's probably in an old one." -When asked if staff supervised client A according to her plan, CC #1 stated, "No. Should have had continuous eye sight." -When asked how often visual checks were as documented in the reportable, CC #1 stated, "If it didn't state, I don't know. I don't know if they have any more documentation. I would have to ask [Residential Director (RD) #1]. We should definitely have the staff point of view/documentation. Their statement, to make sure they matched, make sure that they were following the plan accordingly." This federal tag relates to complaint #IN00256623. 9-3-4(a)			
W 0268 Bldg. 00	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation, interview and record review for 1 of 3 sampled clients (C), the facility	W 0268	**W268-** To correct this deficiency now and	04/20/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	failed to ensure the client C's dignity in regard to his catheter bag. Findings include: Observations were conducted in the group home on 3/20/18 from 4:02 PM to 6:25 PM. During the observation period, a catheter bag with client C's initials written on it was hanging from the shower curtain rod in the bathroom on the first floor of the house. Observations were conducted in the group home on 3/21/18 from 6:33 AM to 7:55 AM. During the observation period, a catheter bag with client C's initials written on it was hanging from the shower curtain rod in the bathroom on the first floor of the house. Client C's record was reviewed on 3/21/18 at 11:30 AM. Review of client C's record indicated client C required the use of a foley catheter. Registered Nurse (RN) #1 was interviewed on 3/21/18 at 2:37 PM. When asked why client C had a foley catheter, RN #1 indicated client C had urinary retention. When asked if facility staff could place the catheter bag elsewhere when not in use to protect client C's dignity, RN #1 indicated staff could put it his bedroom. RN #1 stated, "It could be kept in his room to protect his dignity. I wouldn't like it just hanging there." 9-3-5(a)		in the future of all individuals involved or possible involved, Paladin has updated the care and storage plan for the individual's catheter bag. The bag will still be cleaned accordingly, 2 parts vinegar and 3 parts water. Shake solution and allow bag to soak for 30 minutes. Drain solution and rinse. Hang bag to air dry, ***discreetly.*** Staff will use the curtain after showers to let it dry safely and discreetly. Once it has sat for 30 minutes and dried it will be in his room closet. Staff will store in a personal breathable bag/box in closet/drawer until needed. Staff will be sure to keep in mind all safety measures for any spills/leaks/possible hazards and be sure to protect his dignity as well at the same time. Staff will perform this daily. These was reviewed with staff at the 4/12/18 all staff meeting. IDT will be keeping track for any possible issues and review monthly at all staff meetings and IDT meetings. DSMs will be using mock surveys and environmental observations at weekly visits to ensure staff have followed plans accordingly. Care Coordinators/nurse will also be using the Mock Survey form during weekly pop-in visits. These will be reviewed with Program Manager to hold staff accountable for ensuring safety and dignity for individuals.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0352 Bldg. 00	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A received an annual dental examination. Findings include: Client A's record was reviewed on 3/21/18 at 10:44 AM. Client A's record indicated client #A's last dental examination was 8/29/16. Review of client A's record indicated client A did not have a current dental examination on record. Registered Nurse (RN) #1 was interviewed on 3/21/18 at 2:37 PM. RN #1 indicated client A did not have a current dental examination. RN #1 indicated clients should receive dental examinations annually. 9-3-6(a)	W 0352	**W352-** To correct this deficiency now and in the future for all affected or possibly affected, Paladin will ensure to have all participants receive dental examinations annually. For the participant affected, the dentist will see her on 5/18/18. To ensure that future appointments are not missed the nurse has developed a more organized spreadsheet with all appointments updated/current. The medical support staff will now be sure to scan all appointments immediately after the appointment to the team (Care Coordinator/Nurse/DSM) so that the nurse may update her spreadsheet. At monthly IDT meetings, the team will review upcoming appointments and check with medical support staff and nurse that it is scheduled and who is doing the appointment. All appointments will be completed and not reschedule unless getting approvals from the Director. If doctor office cancels, it will be documented and an appointment will then be set up immediately.	04/20/2018
W 0440	483.470(i)(1) EVACUATION DRILLS			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Bldg. 00	The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (A, B, and C) and for 2 additional clients (D and E), the facility failed to conduct quarterly evacuation drills for the past year of April 2017 to March 2018 on the evening shift (3:00 PM to 11:00 PM) for 1 of 4 quarters and on the overnight shift (11:00 PM to 7:00 AM) for 1 of 4 quarters in the past year. Findings include: The facility's evacuation drills were reviewed on 3/21/18 at 10:20 AM. The facility's evacuation drills indicated the facility did not conduct evacuation drills for clients A, B, C, D, and E on the evening shift for the fourth quarter (January, February, and March 2018) of the year. The facility's evacuation drills also indicated the facility did not conduct evacuation drills on the overnight shift for clients A, B, C, D, and E for the third quarter (October, November, and December 2017) of the year. Care Coordinator (CC) #1 was interviewed on 3/21/18 at 2:37 PM. When asked how often evacuation drills should be conducted, CC #1 indicated evacuation drills should occur once per shift per quarter. 9-3-7(a)	W 0440	**W440-** To correct this deficiency now and for the future of individuals affected and who could have been affected Paladin has reviewed the evacuation/disaster drills schedule at the all staff meeting on 4/12/18. This was trained on how they should be performing, when they should be done and how to document. Care Coordinator ensured that all drill schedules were in all the group homes. Care Coordinator reviewed that the Overnight shift shall review the schedule for the month and place it on the desk calendar and/or activity calendar for each month. It will indicate the time and shift it should be conducted. Program Manager will ensure schedules are in the homes and updated each year to have one at least quarterly for each shift. Alternative routes and plans will be discussed with staff and individuals. This will be documented on the form for use of 2nd egress (window). Staff will be documenting and sending in to the office for the Program Manager to file and review at least each month. Again, the IDT will be ensuring these are completed with pop-in visits; given reminders with emails, memos and visits. This will be documented on the mock survey and reviewed with staff at monthly meetings.	04/20/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 9999 Bldg. 00	State Findings 1. The following Community Residential Facilities for Persons with Disabilities rule was not met. 460 IAC 9-3-2 Residential Protections The provider shall obtain, as a minimum, a bureau of motor vehicle record, a criminal history check..., and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section. This state rule was not met as evidenced by: Based on record review and interview for 3 of 3 employee files reviewed, the facility failed to ensure staff #3, #5, and #6 had documentation of three references on file. Findings include: Staff #3, #5, and #6's employee files were reviewed on 3/21/18 at 10:32 AM. Staff #3, #5, and #6's employee files did not indicate documentation of three references. Care Coordinator (CC) #1 was interviewed on 3/21/18 at 2:37 PM. CC #1 indicated all staff should have three references on file. 9-3-2(c)(3) 2. The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.	W 9999	**W9999-** 1. **460 IAC 9-3-2** To correct the deficiency now and in the future for all involved or who potentially could have been affected, Paladin has updated/revised their policy for the amount of references employees need for new hire. It was updated from 2 to 3. (SEE ATTACHED-Selection of Employee-#200.04) HR HR will be working to gather an additional reference for all employees with only 2. In the future, new hires will have 3 in accordance to the updated policy. 2. **460 IAC 9-3-6** To correct the deficiency now and in the future for all involved or who potentially could have been involved, Paladin supervisors, compliance officer and HR will be ensuring to have all new hires take and pass Med Core A and B before passing medications. Compliance will be sure it is on file and the supervisor and nurse will be sure to have the staff trained/observed medication passes before the nurse officially passes the staff to give medications. Staff that were affected by this have now been trained and is in compliance. She completed and passed Core B on 4/6/18.	04/20/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G331	A. BUILDING 00 B. WING	03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PALADIN, INC	1709 FARRAND AVE LA PORTE, IN 46350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	460 IAC 9-3-6 Health Care Services (b) All personnel who administer medication to residents or observe residents self administering medications shall have received and successfully completed training using materials approved by the council. This state rule was not met as evidenced by: Based on record review and interview for 1 of 3 employee files reviewed, the facility failed to ensure staff #6 had documentation of successful completion of Core B medication administration training prior to administering medications for clients A, B, C, D, and E. Findings include: Staff #3's employee file was reviewed on 3/21/18 at 10:32 AM. Staff #6's file did not indicate documentation of completion of Core B medication administration training. Registered Nurse (RN) #1 was interviewed on 3/21/18 at 2:37 PM. RN #1 indicated all staff should successfully completed Med Core A and B prior to administering medications. 9-3-6(b)			